

# Contributions Made to Registered Committees

Page \_\_\_\_ of \_\_\_\_

Use this form to report Contributions within 30 days after they exceed \$100 or 10 days before an election they affect. The term Contribution includes anything of value given to a registered committee including monetary and in kind coordinated expenditures.

## 1. Committee Receiving Contribution

|                                                                               |                    |                |                      |           |                                                                  |  |
|-------------------------------------------------------------------------------|--------------------|----------------|----------------------|-----------|------------------------------------------------------------------|--|
| a. Full Name, Mailing Address (include city, state, and zip) & Phone Number   |                    |                |                      |           | b. Level Registered                                              |  |
|                                                                               |                    |                |                      |           | <input type="checkbox"/> Federal <input type="checkbox"/> County |  |
|                                                                               |                    |                |                      |           | <input type="checkbox"/> State <input type="checkbox"/> Muni     |  |
| c. Item Number                                                                | d. Form of Payment | e. Description | f. Date (mm/dd/yyyy) | g. Amount | h. Election Sum to Date                                          |  |
|                                                                               |                    |                |                      | \$        | \$                                                               |  |
| If Form of Payment above is In Kind provide information on Vendor Paid below. |                    |                |                      |           |                                                                  |  |
| i. Full Name, Mailing Address (include city, state, and zip) & Phone Number   |                    |                |                      |           | j. Date Vendor Paid                                              |  |
|                                                                               |                    |                |                      |           |                                                                  |  |
|                                                                               |                    |                |                      |           | k. Amount                                                        |  |
|                                                                               |                    |                |                      |           | \$                                                               |  |

## 1. Committee Receiving Contribution

|                                                                               |                    |                |                      |           |                                                                  |  |
|-------------------------------------------------------------------------------|--------------------|----------------|----------------------|-----------|------------------------------------------------------------------|--|
| a. Full Name, Mailing Address (include city, state, and zip) & Phone Number   |                    |                |                      |           | b. Level Registered                                              |  |
|                                                                               |                    |                |                      |           | <input type="checkbox"/> Federal <input type="checkbox"/> County |  |
|                                                                               |                    |                |                      |           | <input type="checkbox"/> State <input type="checkbox"/> Muni     |  |
| c. Item Number                                                                | d. Form of Payment | e. Description | f. Date (mm/dd/yyyy) | g. Amount | h. Election Sum to Date                                          |  |
|                                                                               |                    |                |                      | \$        | \$                                                               |  |
| If Form of Payment above is In Kind provide information on Vendor Paid below. |                    |                |                      |           |                                                                  |  |
| i. Full Name, Mailing Address (include city, state, and zip) & Phone Number   |                    |                |                      |           | j. Date Vendor Paid                                              |  |
|                                                                               |                    |                |                      |           |                                                                  |  |
|                                                                               |                    |                |                      |           | k. Amount                                                        |  |
|                                                                               |                    |                |                      |           | \$                                                               |  |

|                                  |                                         |    |
|----------------------------------|-----------------------------------------|----|
| 2. Total Disbursements THIS Page | (sum all the '1f' entries on this page) | \$ |
|----------------------------------|-----------------------------------------|----|

|                                  |                                                      |    |
|----------------------------------|------------------------------------------------------|----|
| 3. Total Disbursements ALL Pages | (sum all the '1f' entries on all disbursement pages) | \$ |
|----------------------------------|------------------------------------------------------|----|